

1190001579C4

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

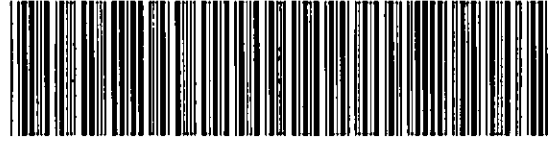
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2020

SHENA T. HEFLIN
ROYAL KROWNED BEAUTY LLC
504 MAGNOLIA ST.
PALATKA, FL 32177

SUBJECT: ROYAL KROWNED BEAUTY LLC
Ref. Number: L19000157904

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE PRINTOUT PROVIDED SHOWS THE AUTHORIZED PERSONS LISTED AS AR (AUTHORIZED REPRESENTATIVE). PLEASE AMEND ACCORDINGLY AND RESUBMIT.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 820A00025767

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Royal Crowned Beauty LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shenā T. Heflin
Name of Person

Royal Crowned Beauty LLC
Firm/Company

504 Magnolia St.
Address

Palatka, FL 32177
City/State and Zip Code

rayheflin@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shenā Heflin at (904) 600-2743
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Royal Crowned Beauty LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 14, 2019 and assigned Florida document number L19000157904.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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AR	Izaria Slade	36104 Lundy Rd	<input type="checkbox"/> Add
		Palatka, FL 32177	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

AR	Giunna Slade	2404 Lundy Rd.	<input type="checkbox"/> Add
		Palatka, FL 32177	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

AR	Tony Slade Jr.	2404 Lundy Rd	<input type="checkbox"/> Add
		Palatka, FL 32177	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 11/2/2020 , _____

Shana J. Heylen
Signature of a member or authorized representative of a member

Shenā Heglin / Shenā Heglin
Typed or printed name of signee